

	For Office Use Only					
Opened By:	Account Number:					
	Place Bar Code Here					

TRUST ACCOUNT APPLICATION

As required by the USA Patriot Act, Important Information about opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What This Means For You: When you open an account, we will ask you for your name, address, date of birth, tax id number, beneficial owners, control person, and other information that will allow us to identify the signers and legal entity. We may also ask to see your driver's license or other identifying documents.

	arriver sincerise or other identity	ing documents	J.	
1.) Please choose the types of accounts you a	re interested in below:			
Trust:				
CD	Money Market			NOW Checking
Freedom Checking	Savings			Club Acct-Christmas/Vacation
2.) TRUST ACCOUNT INFORMATION				
Legal Trust Name	Т	rust Commer	ncement Date	Tax ID No
Business Address (Street Address)	N	1ailing Addre	ess (if different)	
City, State, Zip Code	c	ity, State, Zip	o Code	
Phone Number				For Office Use Only- Industry Code 525920
Initial Deposit Amount \$ So	ource of Funds for Opening Accou	nt		
3.) Are you Interested in the following Service	es:			
Online Bar	nking			
4.) Are you interested in purchasing checks for	or this account?			
5.) TRUSTEE INFORMATION				
Name (First, MI, Last)				
Individual Address (Street Address)	N	1ailing Addre	ess (if different)	
City, State, Zip Code	С	ity, State, Zip	Code	
Home Phone W	Vork Phone		Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/I	DD/YYYY)		Mother's Maiden Name
				Please circle one of the following:
			-	US Citizen Permanent Resident Alien
Driver's License, State Id, or Passport Number	Issued By Is	sue Date	Expiration Date	Non-Permanent Resident Alien
				For Office Use Only- Industry Code
Occupation (If retired or disable Employer's Name occupation outside of the hom	ed, list previous occupation. If you a e.)	re a homema	ker, list your last	
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Signatures are required on the next page. Please complete the additional account holder form if needed.

6.) TRUSTEE INFORMA				<u> </u>		
Name (First, MI, Last)						
Individual Address (Street Addre	ess)		Mailing Addre	ess (if different)		
City, State, Zip Code			City, State, Zi	p Code		
Home Phone	Work Phone		Cell Phone		Email Address	
Social Security/Tax ID Number		Date of Birth (F	MM/DD/YYYY)		Mother's Maiden Name	
Driver's License, State Id, or	Passport Number	Issued By	Issue Date	Expiration Date	Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien	
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your Employer's Name last occupation outside of the home.)						
7.) TRUSTEE INFORMAT	TION					
Name (First, MI, Last)						
Individual Address (Street Addre	ess)		Mailing Addre	ess (if different)		
City, State, Zip Code			City, State, Zi	p Code		
Home Phone	Work Phone	e		Cell Phone	Email Address	
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name		
Driver's License, State Id, or	Passport Number	Issued By	Issue Date	Expiration Date	Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien	
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last Employer's Name occupation outside of the home.)						
understand and agree that if the in close the account. I certify that I am	stitution is not able to verify the identity of all of aware that restricted internet gambling transac	the owners of this actions are prohibited fr	count within a reason being processed	onable time, it may, at a through the account of	ach new owner being added to a deposit account, and I ny time, in its sole discretion, without providing notice, r relationship. The information I have provided is correct I account information is provided by a third party.	
8.) SIGNATURE(S) REQ	UIRED					
TRUSTEE SIGNATURE	PRINT NAMI	E		TITLE	DATE	
TRUSTEE SIGNATURE	PRINT NAMI	E		TITLE	DATE	
TRUSTEE SIGNATURE	PRINT NAMI	E		TITLE	DATE	